Implementing the Regional Integration Fund approach - Experiences of embedding the principles of the RIF in practice

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Mark Llewellyn and Fiona Verity

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This is the Implementation Report for the study, drawing on findings from the report of the in-depth interviews (Bebb, Bryer and Grover, 2025).

National Evaluation of the Regional Integration Fund

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Executive summary

This report builds on the work published by the team in the first year of the evaluation[2] and addresses questions of RIF implementation. In doing so, it addresses the second of the questions asked in a 'Principles-Focused Evaluation' (P-FE) (Patton, 2018): "Given that principles have been articulated (Llewellyn and Verity, 2024), to what extent and in what ways are they being adhered to in practice? ('Implementation').

The document updates the position set out in the Framework for Change (Verity and Llewellyn, 2023) and reflects on changes to the policy and political context, including increasing momentum around the development of the 'Integrated Community Care System' for Wales (Welsh Government, 2024). It also provides a summary of the qualitative fieldwork and survey undertaken in this implementation phase of our study during Autumn 2024 (for more, see Bebb, Bryer and Grover, 2025) designed to understand the experiences of those charged with implementing and delivering RIF funded projects and programmes of work. It finally offers an analysis of where the tensions inherent in the dyads (the pairs of ideas, as identified in Llewellyn and Verity, 2024) are being managed well, and where they may be being managed less well, and is informed an initial series of 'Realist' Context-Mechanism-Outcome Configurations.

Context and complexities for the Regional Integration Fund

Demands for health and social care continue to grow, a trend that is projected to continue. There are ongoing system pressures across emergency departments, in hospital to community care transitions, primary care access to mental health services (especially for children and young people) as well as dental care. Workforce gaps contribute to these pressures and are an ongoing concern.

There have also been key Welsh Government policy changes in respect to augmenting and accelerating the government's integration agenda, the most significant of which is the rollout of a plan for an 'Integrated Community Care System' (ICCS). The 'Blueprint' for the ICCS gives central place to the key elements of the Regional Integration Fund (RIF) framework for creating system change (i.e. the RIF enablers, Models of Care and priority population groups, and the RIF processes of

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[2] See Llewellyn and Verity (2024), Verity and Llewellyn (2023), Tetlow et al. (2024), Wallace and Wallace (2024), and Bryer and Bebb (2024).

scaling up local and regionally) and has produced knowledge about good practices to inform national Models of Care.

Welsh Government outlines the alignment of three government funding schemes for integration initiatives (including the RIF) meaning that it is formally embedded within this integrated community care focused programme of work.

There have also been changes to RIF Guidance – in respect of reporting and financing – which speaks to growing levels of maturity and trust between Welsh Government and the Regional Partnership Boards.

The policy landscape remains a dynamic one, especially in respect of the developments in the ICCS. The fact that we are about to move into the last two years of RIF funding is also now bringing a focus to considerations and discussions for both national policy makers and regional leaders as to the successor fund to the RIF.

Implementation in practice - findings

In order to understand the experience of implementing RIF, we undertook a series of qualitative interviews conducted with RPB leads, and project and/or strategic leads from a purposive sample of 24 RIF funded projects. In addition, a survey of Community of Practice members was undertaken to provide additional evidence on one of the key mechanisms underpinning the implementation of RIF (see Bebb et al., 2025).

Key findings in terms of the design and development of RIF were as follows:

– Some of the sampled RIF projects have been informed by robust needs assessment and data and shaped by ongoing service user feedback, but very few of the sampled projects have adopted learning from other similar projects.

– RIF has been used as intended to support a wide spectrum of services, from acute care interventions to preventative measures, and there is good evidence that projects are evolving to operate in a more regional, integrated way.

– Strong partnership working and joint management are key components of effective RIF projects. Third sector organisations play a vital component within RIF projects in some regions by enhancing services and addressing gaps, although their ongoing role depends on funding availability and sustaining partnership working.

– The flexibility of RIF funding and the regional infrastructure and resource put in place has enabled projects to innovate and adapt to changing needs, and RIF reporting processes have improved over time.

Key findings in terms of the experience of implementation to date include:

– RIF is enabling an increasingly person-centred approach to the delivery of earlier intervention and prevention activity including community-based development, but it continues to take a long time to embed change.

– The RIF delivery model has reduced workforce recruitment and retention issues but gaps in key specialist posts continue to hinder the ability of some projects to deliver as intended, and such operational challenges are amplified within the current climate of intense resource pressures.

– Recognition and integration of the social value sector is inconsistent. While there were examples of third sector involvement enabling strong community focused responses, there are were also many missed opportunities for deeper collaboration.

– The Models of Care hold limited meaning or relevance to projects delivering on the ground. Projects are more likely to focus on their response to local or regional priorities or on supporting other national goals and policy drivers.

Key findings in terms of the Communities of Practice include that:

– Those who attend feel that the CoPs are well-organised with only minor suggestions for improvements made, but target membership is unclear, with questions raised about breadth of representation.

– Attending CoP meetings allows members to keep up to date with policy development, share learning and facilitate engagement between different sectors.

– Whilst CoPs have evolved since their inception, there is work to be done to improve the understanding amongst members or wider RIF stakeholders of the overall objectives of the CoPs and if or how the learning from discussions inform national models of care.

Implications of implementing RIF – balancing the tensions

Our preceding reports identified a number of the key principles that have played a part in the conceptualisation and development of the RIF. In the Conceptualisation Report (Llewellyn and Verity, 2024) we synthesised the information that we had gathered, recognising the importance of the key tensions within RIF. We were able to identify a number of issues and concepts as six 'pairs' of ideas that were often in some way competing with each other as described in our evidence. We described these as

'conceptual dyads' which were all to be found embedded in the narratives around RIF that we had gathered to that stage:

Dyad: Alignment | Aspiration

This dyad speaks to the nature of a Fund whose very purpose is to be aligned with and facilitate the implementation of policy objectives, but which has far loftier ambitions than just that given its stated intent to deliver on the promise of seamless services. These concepts often work against one another in the way people describe needing to deliver on the focused aims of the Fund, whilst being part of a whole-system, whole-sector transformation.

Dyad: Control | Collaboration

This pair of ideas is most closely connected to the power dynamics inherent within RIF, and the extent to which sharing power (through co-design, co-production and collaboration) fluxes over time. This is not to imply that this dyad only operates between national and regional partners, but it is to recognise that it also operates within and between regions and the organisations they work with.

Dyad: Fidelity | Flexibility

There are obvious tensions throughout the narratives on RIF around the issues of fidelity with the guidance and the design principles at the heart of the Fund (especially around the Models of Care), and the desire of those who are seeking to implement the Fund in practice to have additional levels of flexibility than currently offered, whether in respect of data collection, reporting or other arrangements.

Dyad: Accountability | Autonomy

Similar to the previous dyad, there are tensions over the right balance between a proportionate approach to accountability, governance, and the spending of public money, alongside a greater sense of autonomy that is espoused and advocated. Again, these tensions operate at multiple levels, and between multiple partners – from national to regional, from regional to local, and back again.

Dyad: Ownership | Partnership

There is an ongoing challenge about where ownership for RIF sits, and the extent to which this is truly about a partnership approach, or something different. These issues are in constant tension, and speaks to relationships of trust that (to a greater or lesser extent) exist across the Fund, between regions, and national government.

Dyad: Structure | Agency

More generally, this final dyad recognises the nature of government time-limited funding like RIF and that it inherently sits within a certain paradigm. It recognises the challenge and tension within RIF of using agency to undertake dynamic forms of transformation, within the context of pre-existing organisational structures. This is compounded when the agency or transformation is trying to change the nature of the structures that is operating within.

Following our P-FE approach, and drawing on the evidence collected, in this report we assessed the extent to which these concepts are indeed either in balance with one another to positive effect, or whether they are out of balance and favouring one concept over another. This was supported by Realist analysis of the emerging data.

In understanding the dynamic contexts (Patton, 2018), some of the inherent tensions in the narratives around RIF, and where the balance sits between these concepts, it allows us to understand what works, where, and under which circumstances, and therefore how RIF is able to achieve its aims.

So, what does the evidence presented above mean for the mapping of the balance between the concepts within RIF? Figure 5.3 (reproduced below) provides our current assessment of where the balance currently sits across the six dyads:
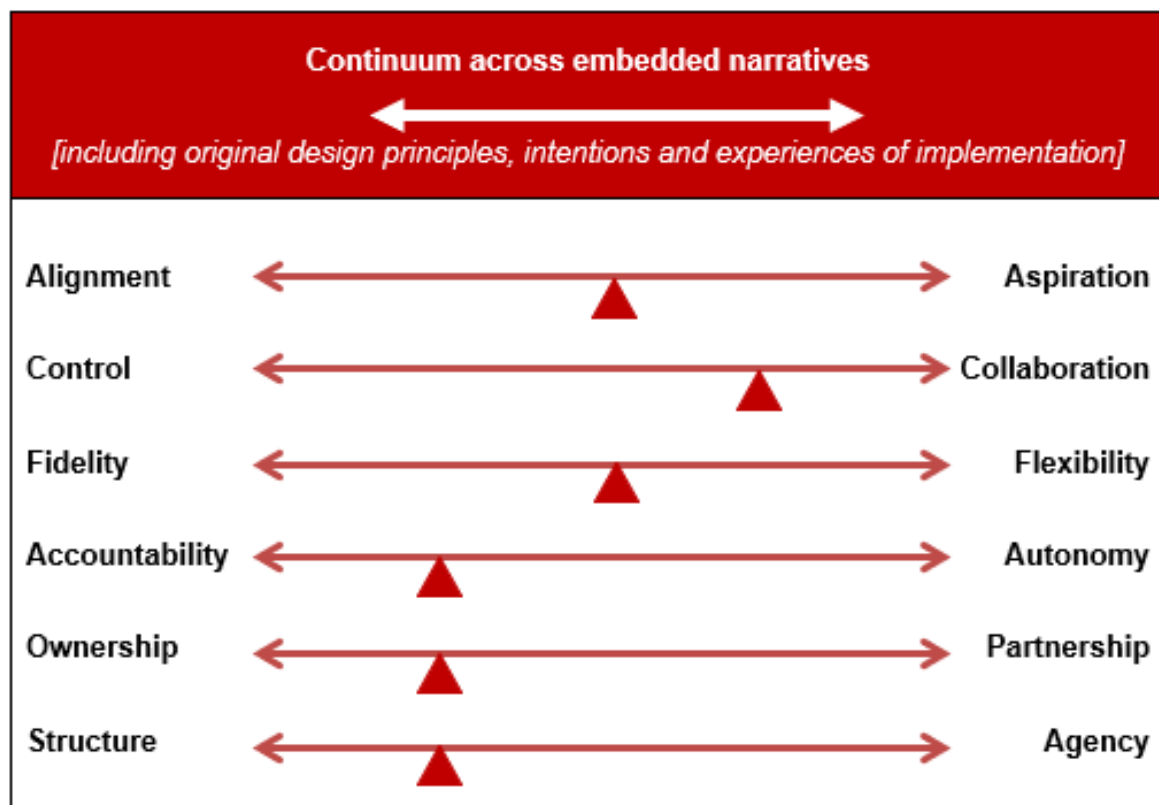
Figure 5.3 is entitled the 'implications of implementation', by which we mean that we have identified the implications from the evidence we have gathered for the six pairs of concepts. Below, we provide a summary of each, based on the evidence summarised in this report – whether from Chapter 2 on the changing context, Chapter 3 from participants, or from this chapter drawing on the CMOCs above. Therefore, based on our evidence, currently for:

- Alignment | Aspiration – these concepts are being balanced well.

- Control | Collaboration – these concepts are not in balance, but there is only slightly more of an emphasis on collaboration than on control.

- Fidelity | Flexibility – these concepts are being balanced well.

- Accountability | Autonomy – these concepts are not in balance, but there is only slightly more of an emphasis on accountability than on autonomy.

- Ownership | Partnership – these concepts are not in balance, but there is only slightly more of an emphasis on ownership than on partnership; and

- Structure | Agency – these concepts are not in balance, but there is only slightly more of an emphasis on structure than on agency.

Overall, there are grounds for optimism as seen in the balance of the dyads – this picture is a broadly positive one based on the experience of implementation. Further work from the team will be able to determine whether the dyads in balance (or close to being in balance) allow RIF to deliver the 'desired results' of the programme (Patton, 2018) in our future work.

It is important though to note that these are 'dynamic contexts', as Patton would describe them, and the situation and subject to fluctuations and change – in policy terms, strategic terms and operational terms.

1.   Introduction

1.1   The Welsh Government (WG) has commissioned a partnership led by the Welsh Institute for Health and Social Care, University of South Wales to deliver the evaluation of the Regional Integration Fund.

1.2   The project will deliver an independent, rigorous, and comprehensive evaluation in order to assess the aims, implementation, and impact of the Health and Social Care Regional Integration Fund (RIF) 2022-2027. The evaluation will focus primarily on assessing the extent to which six new national models of integrated care have successfully been developed, embedded and 'scaled-up', with their core components clearly identified, and the extent to which the RIF's high-level person-centred outcomes have been met. The evaluation will pay particular regard to demonstrating how and in which ways the RIF has had a positive impact for the fund's priority population groups, by clearly articulating the story of change brought about by its implementation. This includes a comprehensive understanding of why certain aspects have been successful or less successful.

Conceptual framework and methodological approach

1.3   The overall evaluation is framed by an approach called 'Principles-Focused Evaluation' (P-FE) (Patton, 2018). A PF-E is 'context sensitive' (Patton, 2018) and focuses on the ways principles guide the delivery and adaptation of an intervention in particular times, places and situations. Three central questions are answered in a P-FE evaluation, of which the second is the focus of this report:

1. To what extent have meaningful and evaluable principles been articulated? ('Conceptualisation');

2. If principles have been articulated, to what extent and in what ways are they being adhered to in practice? ('Implementation'); and

3. If adhered to, to what extent and in what ways are the principles leading to the desired results? ('Realisation') (Patton, 2018, p.220).

1.4   The P-FE three questions are the organising structure for the study through which the objectives identified in the specification will be addressed. In designing the evaluation, a 'Framework for Change' has been published (Verity and Llewellyn, 2023) which sets out the wider context, the intentions of the intervention and the underpinning principles and anticipated outcomes. A range of data collection methods will be employed, which include quantitative and qualitative data analysis,

alongside an integrated Realist Review and Evaluation (RRE) methodology (Pawson and Tilley, 1997). The approach is described in Figure 1.1 (overleaf).
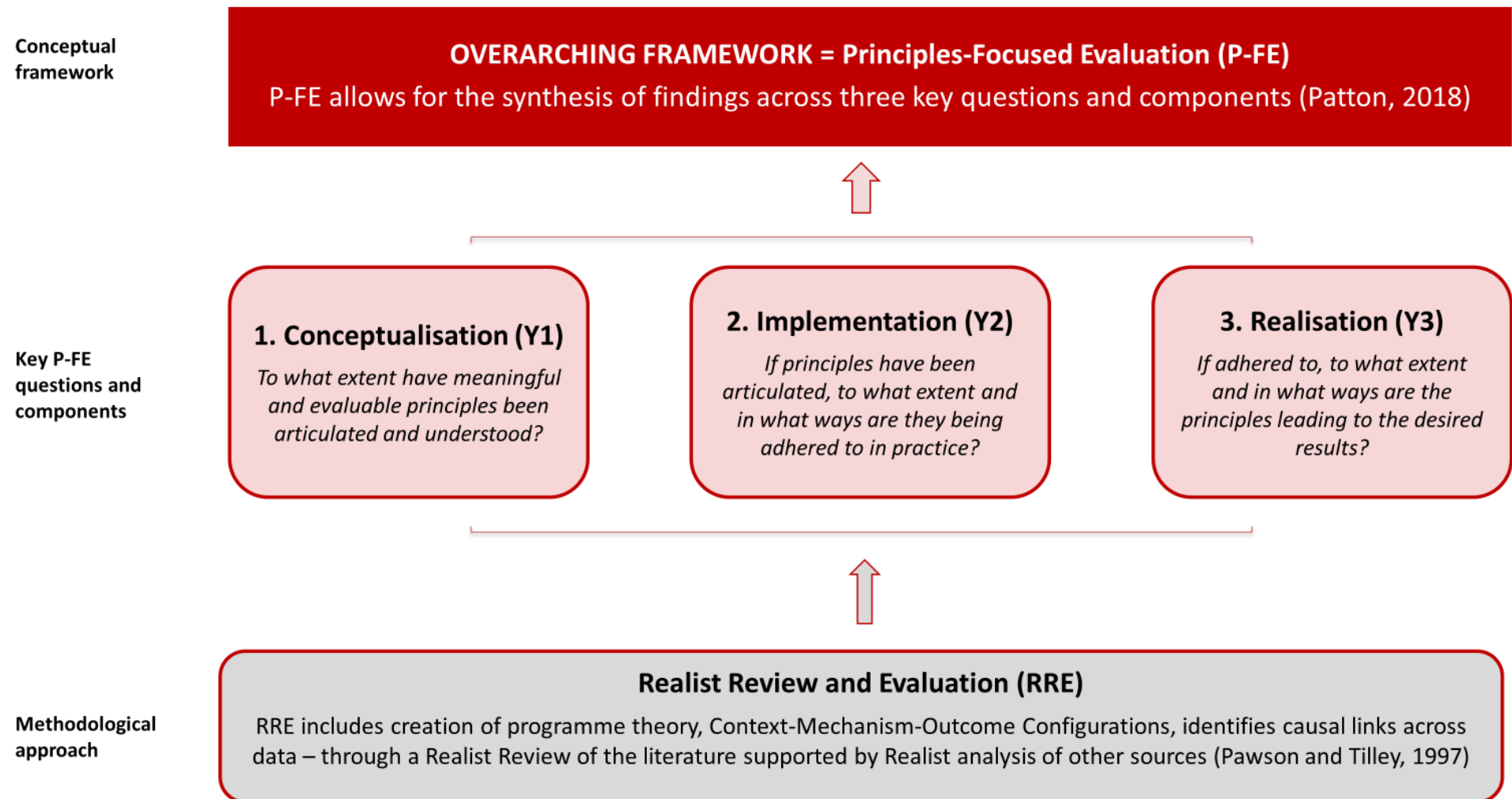
Structure and purpose of this report

1.5   This report builds on the work published by the team in the first year of the evaluation[3] and addresses questions of RIF implementation. In doing so, it draws on three sources of evidence generated in the second year of the evaluation study.

1.6   In Chapter 2, we update the position set out in both the Framework for Change (Verity and Llewellyn, 2023) and reflect on changes to the policy and political context, including increasing momentum around the 'Integrated Community Care System' for Wales (Welsh Government, 2024). These changes have had repercussions for the original RIF guidance document (Welsh Government, 2022) and also have an ongoing impact on the ways in which projects and regions are implementing and 'delivering' the RIF.

1.7   Chapter 3 provides a summary of the qualitative fieldwork and survey undertaken in this implementation phase of our study during Autumn 2024 (for more, see Bebb, Bryer and Grover, 2025). The purpose of this was to understand the experiences of Regional Partnership Board staff, project leads and Community of Practice members in implementing and delivering RIF funded projects and programmes of work, and in contributing to the development of National Models of Care.

1.8   Finally, in Chapter 4, we pick up our analysis as outlined in the Conceptualisation Report (Llewellyn and Verity, 2024). In that document we identified six 'Conceptual Dyads', pairs of ideas embedded into the narratives around RIF. We argued that for RIF to be effective as a national fund, these dyads needed to be held in balance. In concluding this report, we offer an analysis of where the tensions inherent in these dyads are being managed well, and where they may be being managed less well. This analysis is informed by the evidence from Chapters 2 and 3, but also draws on an initial series of 'Realist' Context-Mechanism-Outcome Configurations.

1.9   This report addresses the second of the central questions in our study (see Paragraph 1.3 above) and in doing so provides an overview of the new evidence generated within Year 2 – whilst simultaneously building on the evidence from Year 1 – of the RIF evaluation.

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[3] See Llewellyn and Verity (2024), Verity and Llewellyn (2023), Tetlow et al. (2024), Wallace and Wallace (2024), and Bryer and Bebb (2024).

Figure 1.1: Principles-Focused Evaluation, Realist Review and Evaluation and the Regional Integration Fund

Conceptual framework	**OVERARCHING FRAMEWORK = Principles-Focused Evaluation (P-FE)** P-FE allows for the synthesis of findings across three key questions and components (Patton, 2018)

Key P-FE questions and components

1. Conceptualisation (Y1)
To what extent have meaningful and evaluable principles been articulated and understood?

2. Implementation (Y2)
If principles have been articulated, to what extent and in what ways are they being adhered to in practice?

3. Realisation (Y3)
If adhered to, to what extent and in what ways are the principles leading to the desired results?

Methodological approach

Realist Review and Evaluation (RRE)
RRE includes creation of programme theory, Context-Mechanism-Outcome Configurations, identifies causal links across data – through a Realist Review of the literature supported by Realist analysis of other sources (Pawson and Tilley, 1997)

2. Context and complexities for the Regional Integration Fund

Shifting contexts

2.1 The Health and Social Care Regional Integration Fund (RIF) (2022-2027) is a £146million Welsh Government national policy initiative designed and implemented to advance the government's health and social care integration agenda. As stated in the Guidance:

> 'The RIF is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation' (Welsh Government, 2022, p.4).

2.2 As noted in Chapter One, this evaluation is informed by a Principles Focused Evaluation (P-FE) framework where attention is paid to the dynamic contexts that surround the implementation of a principles-based intervention. This focus is especially apt for evaluation of the implementation of the Regional Integration Fund (RIF), given its ambition to enable and catalyse system transformation and the intrinsic complexities of doing so.

2.3 Our Year 1 evaluation documents, namely the 'RIF Framework for Change' and 'Year 1 Evaluation Conceptualisation Report', outline the complexities of working in integrated health and social care amidst systems that are facing growing pressures from rising demand for services and financial constraints (Verity and Llewelyn, 2023; Llewellyn and Verity 2024). An additional challenge is that "integration" itself is a concept viewed and understood in different ways, requiring collaboration and communication to bridge differences in working cultures and practices (Llewellyn et al, 2023).

Continuous system stress

2.4 Demands for health and social care continue to grow, a trend that is projected to continue. This is noted in key reports like the 'Healthcare Inspectorate Wales (HIW) Annual Report -2023-2024', and WLGA's 'Summary of Social Services Financial Pressures: 2025/6 and onwards'. HIW highlight pressures experienced by emergency departments, in hospital to community care transitions, primary care access to mental health services (especially for children and young people) as well as dental care. Workforce gaps contribute to these pressures and are an ongoing concern. Alongside these challenges, HIW also note the innovative developments,

for instance in areas of out of hours care (2024, p.3) conveying the work to also create new ways to respond to demand and meet needs.

2.5   WLGA (2023, p.2), in analysis of social service pressures across Wales, quantify levels of projected overspend for the 2024/25 year to be £106,237 million, following a pattern seen in previous years (2023/24-£107 million; 2022/23-£93 million overspend). They attribute this to the interplay of demand pressures and 'complexity of needs' across children's and adult social care, lack of funds and workforce shortfalls. Moreover, the WLGA make the point that there are '…no signs of this easing' and note the opportunity costs that arise for the provision of other services, including prevention and early intervention, a core emphasis of the RIF fund.

Relevant policy developments – *Integrated Community Care System (ICCS)*

2.6   Since writing the 'RIF Framework for Change' report, there have been key Welsh Government policy changes in respect to augmenting and accelerating the government's integration agenda. A significant development is the rollout of a plan for an Integrated Community Care System (ICCS) – known as the 'Blueprint'. A key policy document is the joint Minister's 'Written Statement: Integrated Community Care System Position Statement' released in December 2024 (Welsh Government, 2024c) and announced by the Cabinet Secretary for Health and Social Care, Cabinet Secretary for Housing and Local Government, Minister for Children and Social Care and Minister for Mental Health and Well-being.

2.7   This statement reiterates the building blocks of the health and care transformation agenda and describes how resourcing funds and policy mechanisms will further align in moving towards this goal. As with the Welsh Government's 'Building Capacity through Community Care – Further Faster Statement of Intent' (2023)[4], the urgency for change is a theme throughout this statement.

2.8   The statement's definition of an ICCS, as seen below, is based on principles that inform the RIF in several ways (themselves derived from A Healthier Wales, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015:

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[4] 'Building Capacity through Community Care – Further Faster' (2023) is a Welsh Government Statement describing the policy intentions and concrete actions towards supporting the accelerated development of an integrated community care system in Wales.

'ICCS is designed to help people achieve 'what matters' to them and aims to build a joined up seamless care and support offer for people that will enable them to:

- Achieve good health and wellbeing.

- Prevent escalation of need.

- Live well at home as independently as possible.

- Access joined up care and support services closer to home.

- Avoid unnecessary admission into hospital.

- Return home from hospital safely and swiftly if they require secondary care. (Welsh Government, 2024, p.3)

2.9   The 'Blueprint' for the ICCS gives central place to the key elements of the RIF framework for creating system change (i.e., RIF enablers, Models of Care and priority population groups (Welsh Government, 2024d, p.4), and the RIF processes of scaling up local and regionally produced knowledge about good practices to inform national Models of Care.

2.10   The Statement (Welsh Government, 2024c) outlines the horizontal integrated working happening across Welsh Government leadership to support the realisation of this 'Blueprint', together with the alignment of 3 government funding schemes for integration initiatives; Regional Integration Fund (RIF), Housing with Care Fund (HCF) and the Integration and Rebalancing Capital Fund (IRCF). In short, the RIF now sits within this integrated community care focused programme of work.

2.11   In addition, the Welsh Government '2024 Plan for Health and Social Care' also re-emphasises integration as a key feature, with a focus on both integrated models of community care across Wales, and partnerships to better connect '…planning, commissioning and delivery of health and care services to maximise assets and resources' (2024b, p.6).

Changes to RIF Guidance

Funding

2.12   As described in the 'Framework for Change' (Verity and Llewellyn, 2023), the RIF is informed by a set of principles: legislative principles, Welsh Government policy and programme design principles. The RIF structure and administration specific principles which are outlined in the RIF Guidance document (Welsh Government,

2022). The RIF involves four separate funding streams each with prescribed conditions associated with accessing and using funds. These are the Recurrent Regional Infrastructure Fund, National Ringfenced Fund, Acceleration Change Fund, and the National Delivery Model Embedding Fund (2022a, p.27).

2.13   In the original RIF Guidance, there was an expectation for tapering of Welsh Government funding and increased matched funding/resources from regional partners to grow over time to become 50:50 funding from both the partners' resources and Welsh Government (2022, p.31). As stated in the Guidance Document 'Match resources are a key principle of the Regional Integration Fund (RIF) and are intended to assist with levering sustainable change across our health and social care system'. (2022, p.31).

2.14   The premise of the tapering requirement was to embed the work of RIF funded integration projects into the core operation of those delivering it in the region: a goal to be achieved by the end of the life of the RIF fund. As stated in the ICCS Joint Position Written Statement, in late 2024, due to the financial pressures faced by partner organisations the requirement for tapering of funds was removed (Welsh Government, 2024d). As noted in the Statement:

> 'Ministers agreed to remove the tapering element of the fund in its entirety. RPBs have continued to deliver match funding for the three National Models of Integrated Care that will directly support community capacity building (community co-ordination, complex care closer to home and home from hospital), drawing in wider core resources as match funds for these priority areas' (Welsh Government, 2024d, p.23).

Reporting

2.15   RIF now uses a comprehensive outcome reporting framework which is structured using the six Models of Care, indicators for each Model of Care (MoC) and 20 performance measures. This was developed in consideration of the National Outcomes Framework (see Welsh Government 2024a).

2.16   There have been some changes to the reporting requirements in some regions predicated on levels of assurance received by Welsh Government hitherto, which speaks to growing levels of maturity and trust between Welsh Government and the Regional Partnership Boards.

Summary

2.17   In summary, the integration agenda set out in key legislation and policy documents such as 'A Healthier Wales' remains a key objective of Welsh Government in the context of ongoing demand pressures across the health and social care systems.

2.18   The policy landscape remains a dynamic one, especially in respect of the developments in the ICCS. The fact that we are about to move into the last two years of RIF funding is also now bringing a focus to considerations and discussions for both national policy makers and regional leaders as to the successor fund to the RIF.

3. Implementation in practice – findings

Components and methods

3.1 The study design is an integrated evaluation. It includes a number of different evaluation and methodological components, each of which will be deployed in different ways in order to provide a contextually sensitive evidence-base on which to address the objectives for the study.

3.2 The components from Year 1 of the evaluation have now been published and in this chapter, we provide an overview of the substantive fieldwork undertaken in Year 2 For more detail on any of the points made below, please see the report by Bebb, Bryer and Grover (2025).

Methods and approach

3.3 Individual interviews were undertaken with six regional leads, 65 project leads, managers, co-ordinators and linked stakeholders. These participants were drawn from a sample of 24 projects covering all seven regions and three of the six Models of Care (Home from Hospital, Community Based Care: Prevention and Community Co-ordination, and Place-Based Care: Complex Care Closer to Home). The data from these interviews is summarised in the next two sections ('Key findings in terms of design and development of RIF projects' and 'Key findings in terms of RIF projects' implementation to date').

3.4 In addition, discussion sessions were run with three of the Communities of Practice (CoPs): Home from Hospital, Community Based Care: Complex Care Closer to Home, and Supporting Families and Children). Following this, a bilingual survey was sent (via the Welsh Government contracted facilitation provider) to all those on the Communities of Practice distribution list. The survey link was made available via an email to a total of 682[5] contacts for a six-week period between mid-October and the end of November 2024. 51 responses were received across all six Models of Care. The data from this survey is summarised in the final section of this chapter ('Key findings in terms of Key findings in terms of the Communities of Practice').

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[5] There is likely to be some significant duplication of individual contact details on these distribution lists with many individuals from Welsh Government, the regional partnership boards, health boards and local authorities on several or all distribution lists.

Key findings in terms of design and development of RIF projects

3.5   Some of the sampled RIF projects have been informed by robust needs assessments and shaped by ongoing service user feedback, to refine and improve practice. There is scope to expand service user involvement across RIF projects, particularly in terms of their evaluation activities, to ensure that they remain responsive to user needs.

3.6   Very few of the sampled projects have adopted learning from other similar projects and greater emphasis was placed by sampled projects on adapting and tailoring provision to accommodate local needs and circumstances. Despite CoPs being a key component of the RIF programme to share learning across the sector, the evidence gathered from sampled projects suggests that there is scope for greater cross-project learning to share delivery insights, successes, and challenges.

3.7   RIF has been used, as intended, to support a wide spectrum of services, from acute care interventions to preventative measures. Some sampled projects – particularly those focused on integrated intermediate community care – share greater similarities, with common elements in their delivery. In contrast, projects supporting families and young people tend to be more diverse in their design and approach. This distinction has significant implications for the development of Models of Care within the RIF programme. It suggests that establishing standardised Models of Care for community-based care and home from hospital care, may be more straightforward than creating a unified Model of Care for family support initiatives, given their more varied nature.

3.8   Most of the sampled RIF projects existed prior to the programme, but there is good evidence that projects are evolving to operate in a more regional, integrated way. The analysis of interviewed projects suggests a spectrum of progression across the programme, encompassing existing, evolving and emerging projects.

3.9   Strong partnership working and joint management are key components of effective RIF projects. Partnership working between local authorities, health boards, and third-sector organisations is prevalent, though its effectiveness varies, with some projects showing strong collaboration and others struggling with coordination. There has been an effort to streamline RIF projects across some regions by amalgamating smaller initiatives into larger umbrella projects. Whilst this has improved reporting structures, the fact that smaller interventions have retained their distinct approaches means there is a lack of full integration.

3.10   Third sector organisations play a vital component within RIF projects by enhancing services and addressing gaps, although their ongoing role depends on funding availability. Sampled projects which have strong third sector input used this resource effectively in using their capacity to address specific service gaps and needs.

3.11   RIF funding contributes in varying proportions across projects, from fully funding key roles in smaller initiatives to supplementing specific positions within larger, multi-component projects. The programme has been instrumental in increasing capacity for staff teams and projects working across health and social care, especially those targeting children and young people, and third sector initiatives. However, the nature of the funding means that it is very hard to be able to discern the impacts of the RIF as a discrete fund when it accounts for a proportion of the staff members involved in delivering a wider service.

3.12   The flexibility of RIF funding and the regional infrastructure and resource put in place has enabled projects to innovate and adapt to changing needs. The programme's flexibility was praised by funded projects although uncertainties regarding their longer-term funding poses a risk to their ongoing sustainability. The withdrawal of RIF funding threatens the continuity of many sampled projects as securing mainstream funding continues to be highly challenging. At a regional level, challenges persist for RPB leads to achieve a balance between the elements of their role which requires them to combine strategic oversight of the programme and operational support for projects – the amount of work that this involves leads to them feeling they have capacity constraints.

3.13   RIF reporting has improved as a result of streamlined processes, a feeling of increased trust between the regions and the Welsh Government, and more proportionate levels of scrutiny, although a number of challenges remain at project and regional level. The positive evolution of RIF reporting processes has allowed for improved efficiency and reduced administrative burdens for projects. Projects value the balance between the quantitative data and qualitative narratives required of them, including the underlying 'story of change' approach to reporting. The feedback suggests that there is a need for better alignment of reporting metrics with project goals, particularly for community-based and preventative projects. There is also a need to address the disparate requirements associated with projects needing to meet other reporting requirements in addition to those set out by the RIF.

Furthermore, there is scope to further simplify and reduce the reporting burden for projects which are in receipt of relatively small amounts of RIF funding, notwithstanding that they may be making important contributions not required to be reported to the Welsh Government.

Key findings in terms of RIF projects' implementation to date

3.14   RIF is enabling projects to deliver earlier intervention, particularly responses aimed at supporting people in their own homes to reduce the demand on emergency services and hospital admissions. It is also demonstrating some innovative approaches to the delivery of services for supporting families that is flexible and responsive to the needs of the service user.

3.15   Projects are acutely aware of the need to integrate services and connect health and social care teams more closely where possible. Whilst there are some examples of projects that have successfully achieved this – bridging gaps between acute and preventative care – there is recognition that there is a spectrum of integration (from joined up through to fully integrated services) or steps towards integration that services can follow (Part 9 Code of Practice, *The Social Services and Well-being (Wales) Act 2014*)).'

3.16   The fieldwork has highlighted the length of time that it takes to embed the system-wide behaviour change and integration that the RIF ultimately aspires to facilitate and achieve. In most cases, RIF funded projects are able to achieve integration that can be located on the 'spectrum of integration' for example through co-location of teams, a single project manager or improved joint access to patient data. However, the traditional silos between health and social care remain difficult to overcome.

3.17   Ensuring a strong, resilient and integrated workforce remains a crucial enabler for the effective delivery of RIF intended outcomes and there is a notable improvement in this area when compared to the many recruitment and retention issues experienced under the Integrated Care Fund and Transformation Fund. Most projects reported much more stability in terms of recruitment and retention this time around, attributed to the longer-term financial certainty provided to posts within the five-years of the RIF's approach.

3.18   There were several examples of projects introducing innovative strategies to improve the situation. This has included rationalising terms and conditions across organisations, upskilling existing staff or other roles within teams, contracting out

services, enhancing training opportunities, and developing a positive culture within the team to make it an attractive proposition for others to want to join. Whilst the use of such innovative methods to make roles attractive has been successful in many of these examples, filling gaps in key specialist posts, and the transition to a seven-day model have been challenging.

3.19   Operational and strategic challenges are amplified within the current climate of intense resource pressures. Project staff routinely described working under intense pressure, making it difficult to strategically plan for the longer term when constantly responding to important, short-term demands on their time. Some of the recruitment issues faced are reflective of the wider shortfalls within the NHS and social care in Wales at the moment.

3.20   However, there were also continued examples where RIF monies are allocated via RPBs or directly from the health board as a year-on-year allocation, thus inhibiting a project's ability to plan effectively, retain staff and deliver in a timely manner. Slow recruitment processes or having to navigate complex governance structures in order to agree changes or adaptations to delivery structures also continued to be issues causing delays which impacted heavily upon some project delivery.

3.21   Uncertainty about the future of RIF funding beyond the five-year commitment is likely to generate more gaps in key posts and increase recruitment and retention issues for projects. Similarly, the recent pay offer agreements across health and social care, and the impact of the employer National Insurance contributions on local authorities and the third sector are also likely to substantially raise workforce costs above original budget estimations. As such, more acute pressure on project finances is anticipated from next year onwards which may create tensions between project partners given that there will be increased competition for limited resources.

3.22   The fieldwork identified examples of projects using innovative technology and digital solutions to deliver more efficient and accessible services to patients, particularly in supporting individuals with learning disabilities or those needing to manage chronic conditions. Other projects made great strides in improving CRM systems or patient data sharing processes. However, these remain as 'pockets' of best practice, with most other projects noting that potential opportunities to adopt digital or technological advancements were not currently being fully realised, partly due to the existing IT infrastructure.

3.23   Recognition and integration of the social value sector is inconsistent across RPBs. Whilst some RPBs are able to exceed their RIF social value targets, others demonstrate many missed opportunities for deeper collaboration and innovation. Under current resource pressures, statutory services, somewhat understandably, seem to increasingly focus on using the RIF to bolster core funded services, with the third sector somewhat sidelined as a result.

3.24   Some projects only demonstrated limited knowledge of the Models of Care, and where this was the case, it would seem that the notion of 'national' Models of Care holds little meaning or relevance to RIF funded staff delivering services 'on the ground'. In addition, project staff often reported that they do not feel that their projects align with the Model of Care under which they report or feel that their project activity contributes across more than one, or other Models of Care.

3.25   Projects were more likely to focus upon their strategic fit with identified local or regional priorities and needs, often articulated on a population-based approach (e.g. Start Well, Age Well) or on how they were supporting other national strategic goals and policy drivers. A palpable disconnect between the complex policy landscape and the realities of delivery on the ground was articulated by many project staff, with a desire for greater simplification going forward.

3.26   Whilst projects often recognised opportunities for scale-up within their region, from one cluster or local authority area to another, such opportunities were often only realised where available resources and a suitable local context could enable this to happen. Only a few tangible examples of learning being shared and explicitly replicated across RPBs were noted to date.

Key findings in terms of the Communities of Practice (CoP)

3.27   It is important to note that the feedback below was provided by people who are engaged with CoPs. As noted in Paragraph 3.6, there is greater scope for the CoPs to generate cross-project learning to share delivery insights, successes, and challenges, and knowledge and experience of the CoPs across the 65 interviewees was limited.

3.28   Members attend CoP sessions fairly regularly and contribute effectively but competing workload pressures and a lack of awareness are barriers to engagement. Members cannot always attend meetings due to scheduling conflicts, staff absences, working patterns or annual leave commitments, and/or demanding

workloads. In addition, some members and project leads noted that, from their perspective, information about CoPs seems primarily to have been circulated via word of mouth or through existing contacts, rather than through a formal mechanism for reaching all RIF-funded projects.

3.29   The CoPs' target membership is unclear, with questions raised about the appropriate scale of the meetings and the breadth of the sectors represented. Inconsistency in who attends each CoP meeting was also highlighted as a barrier to effective national working. Members were keen to ensure that a breadth of sectors and experiences continue to be represented within CoPs.

3.30   The CoPs' organisation is generally considered good or excellent but could be improved by setting a schedule further in advance, reducing the session duration and introducing flexibility into the CoP session structure. Members were broadly positive regarding many elements of the CoPs' organisation, including the quality of the speakers, facilitation of the sessions, usefulness and relevance of the topics covered, and format of the sessions. Alongside this, they recommended introducing variety and flexibility into how the sessions are structured (such as annual face-to-face meetings) and identified a need for a centralised repository of information from the CoPs.

3.31   CoPs allow members to keep up to date with national and regional policy developments, share good practice and share learning. Summaries provided during CoP sessions are appreciated for their clarity and efficiency, saving members from having to navigate multiple sources of information. Participants noted that discussions often highlight innovative approaches from other regions, inspiring them to adapt and implement similar methods.

3.32   CoPs are seen to support problem solving, innovation and the development of a common narrative. Members reflected on how these forums allow them to explore challenges collectively, leading to creative solutions that might not have emerged in isolation. Members highlighted the value of these forums in fostering a sense of coherence across regions and sectors.

3.33   Members have applied some learning from the CoPs but discussions within CoPs are not regularly translating into actions; dissemination and networking are the primary outputs so far. Some members noted in general terms how learning from CoP sessions had led them to challenge and review their own thinking and strategic

planning or make amendments to their project delivery but more frequently reported disseminating information to colleagues and partners.

3.34   CoP members (particularly those working at strategic level within their region) noted that discussions within CoPs do not often translate into direct action. They felt that CoPs prioritise exemplifying good practice, which is valuable, but did not see much evidence of this practice being actively rolled out elsewhere and noted a lack of national guidance on how to roll out such good practice.

3.35   CoPs have evolved since their inception but there is no clear understanding of how CoP discussions are informing national Models of Care. There is limited understanding regarding the extent to which CoPs are, by design, intended to contribute to national MoCs. Although there is general agreement that the CoPs are intended for sharing learning and good practice (and are effective forums for doing so) there is limited consensus on the responsibilities of the CoPs beyond this.

3.36   Overall, those working at strategic level within regions report that CoPs are fairly disconnected from work being undertaken at regional and local level and lack a mechanism for formally evaluating and consolidating these insights into a cohesive national framework.

3.37   CoPs do reduce isolation for those engaged in RIF across Wales. They are a means of connecting with others in order to share to share information, knowledge, expertise and experience which is positive, reducing duplication of effort. However, greater alignment between each CoP is needed. The CoPs are seen as a structured way of sharing successful strategies and of avoiding 're-inventing the wheel.' While this does not amount to a national Model of Care, CoP members see this alignment of service delivery models as a positive step forward. One weakness highlighted by CoP members was the lack of formal engagement between each of the CoPs, as well as lack of formal engagement with other existing regional and national forums.

4. Implications of implementing RIF – balancing the tensions

Describing the principles underpinning RIF – towards conceptual dyads

4.1 As previously described in the Conceptualisation Report (Llewellyn and Verity, 2024) and the Framework for Change (Verity and Llewellyn, 2023), the RIF is informed by a set of principles: legislative principles, Welsh Government policy and programme design principles; and the RIF structure and administration specific principles outlined in the RIF Guidance document (Welsh Government, 2022).

4.2 In respect of legislative principles, RIF draws on principles stated in key Welsh Government legislation and their associated Codes of Practice. RIF, as an instrument of public policy, is following 'the spirit' of key legislation, namely the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. In addition, principles of using evidence, knowledge exchange and mobilisation are implicit in the requirements for the processes of the Communities of Practice, as they support the collaborative development of 'national' Models of Care.

4.3 As we described in the Conceptualisation Report (Llewellyn and Verity, 2024), the RIF Guidance (Welsh Government, 2022) also sets out what we have called 'RIF structure and administration specific principles', describing how the fund should be implemented. These are listed overleaf under nine headings.

4.4 Given therefore that our preceding reports[6] have identified a number of the key principles that have played a part in the conceptualisation and development of the RIF, and thinking about the way in which P-FE seeks to provide an explanatory narrative, in the Conceptualisation Report (Llewellyn and Verity, 2024) we synthesised the information that we had gathered, recognising the importance of the key tensions at the heart of our data.

4.5 We were able to identify a number of issues and concepts as 'pairs' that were often in some way competing with each other as described in our evidence. We described these as 'conceptual dyads' which were all to be found embedded in the narratives around RIF that we had gathered to that stage.

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[6] See Llewellyn and Verity (2024), Verity and Llewellyn (2023), Tetlow et al. (2024), Wallace and Wallace (2024), and Bryer and Bebb (2024).

4.1: Regional Integration Fund – structural and administrative principles
(Source: Welsh Government, 2022)

Funding conditions

- Partner match funding/resources.

- 'A 50/50 intervention rate from Welsh Government and RPBs by the end of the five-year fund' ((Welsh Government, 2022).

- Pooled funds.

- Use opportunities to align capital and revenue resources.

- Invest a minimum of 20% of the RIF into social value in 2022/23.

Population groups

- Support five population groups

Employ enabling tools

- RPBs to use the five enabling tools: integrated planning and commissioning; technology and digital solutions; promoting the social value sector; integrated community hubs; and workforce development and integration.

Integration continuity

- Build on the work of ICF and the TF developments.

Collaboration and partnerships

- Collaborative evidence building.

- Work with the Regional Innovation Coordination Hubs.

- Develop partnerships across a wider infrastructure.

Measurement

- Measure Against the National Outcomes Framework

Cross programme linking

- Support and link with other government commitments and programmes of work.

- Align with Accelerated Cluster Development Programmes

- Digital Priorities Investment Fund bids

Legislative adherence

- In addition to the SSWB Act 2024, and the WFGA 2015, follow requirements under the Equality Act 2010.

Sustainability

- Develop, implement and mainstream national Models of Care

- Pooled funds for sustainability of integration.

4.6   The dyads are our way of 'sense-making' the complexity of RIF and capturing the interplay between the principles, values, concepts and constructs within RIF (as described above). The dyads are what Patton would call our 'evaluands', the subjects of our evaluation – the things that sit within the RIF programmes of work and the system that we can explore as the study progresses (Patton, 2018).

4.7   There exist six dyads, six 'pairs' of concepts embedded within RIF, each of which has implications for the implementation and delivery of the Fund. These were first identified in the Conceptualisation Report (Llewellyn and Verity, 2024) and are re-presented here in Figure 4.1.

Figure 4.1: Embedded narratives – conceptual dyads within RIF
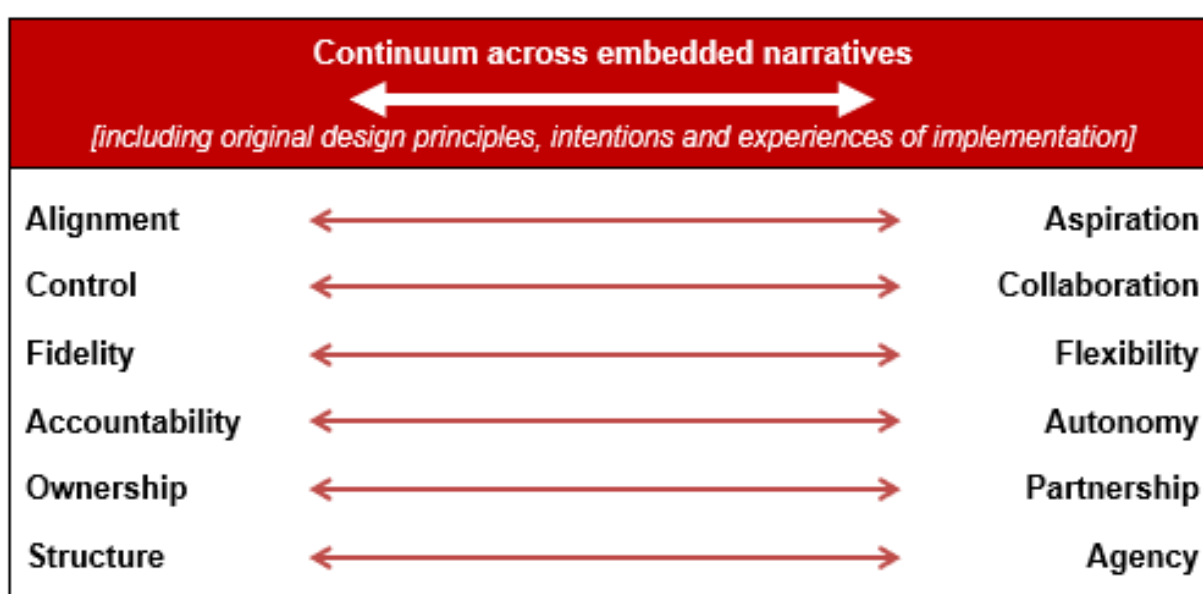
4.8   The concepts at the end of each of the six double-headed arrows are on a continuum and are in tension with each other. The way the dyads are represented pre-supposes that the notional 'ideal' situation for each is that there would be a balance between the concepts – they would be held in perfect tension if such a situation existed, and the evidential 'fulcrum' that we could measure (see red triangles in diagram below) would sit in the middle of each continuum. Figure 4.2 (overleaf) provides a notional representation of this balance, noting that these dyads exist in a dynamic and rapidly changing environment, which itself is not static.

4.9   Following our P-FE approach, the purpose of this chapter is therefore to assess the extent to which these concepts are indeed either in balance with one another to positive effect, or whether they are out of balance and favouring one concept over another.

Figure 4.2: Notional forms of 'balance' across the conceptual dyads within RIF
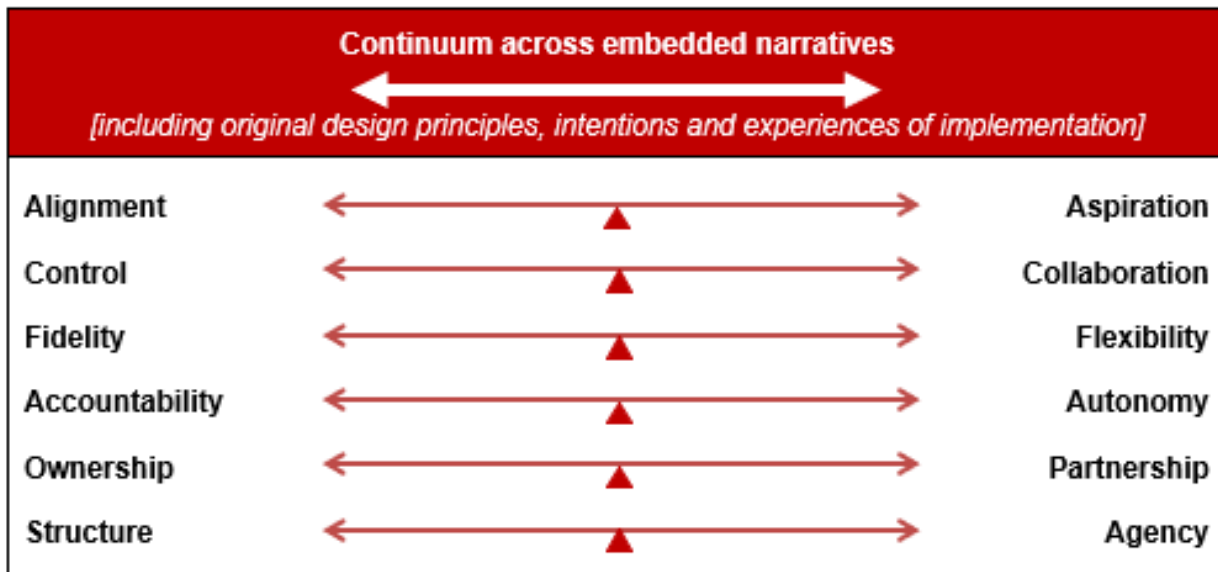
Understanding issues of balance and tension in the conceptual dyads

4.10   In order to make that judgement, we are firstly drawing on the supporting evidence provided by Bebb, Bryer and Grover (2025) (summarised in Chapter 3). In addition and following the commitment to provide within the RIF evaluation study, a Realist Evaluation perspective on the data that we have gathered (Pawson and Tilley, 1997; Jagosh, 2019), we present below a series of initial Context-Mechanism-Outcome Configurations (CMOCs) drawn from additional analysis of the data summarised in Chapter 3.

4.11   In Realist Evaluation, CMOCs are essentially statements describing how a specific Context (the environment or circumstances in which an intervention is implemented) triggers particular Mechanisms (the underlying process or action that is triggered by the intervention within a specific context) that lead to a certain Outcome (the intended result or change that is observed). Basically, CMOCs are a way of explaining causal relationships within datasets – in effect 'what works, for whom, and in what circumstances' within an intervention or programme, and then drawing wider conclusions from them.

4.12   Overleaf, we present the six dyads, their descriptions and initial CMOCs that relate to them, In the sub-sections that follow, we will consider each of the dyads, the initial CMOCs that relate to them, and provide a narrative on the assessment of the balance between the concepts. Each CMOC is presented such that the Context [C], Mechanism [M] and Outcome [O] elements are identified. They should be read as per the Realist 'equation' of C + M = O.

4.2: Initial Context [C]-Mechanism [M]-Outcome [O] configurations relating to the conceptual dyads

Dyad: Alignment | Aspiration

Description:

This dyad speaks to the nature of a Fund whose very purpose is to be aligned with and facilitate the implementation of policy objectives, but which has far loftier ambitions than just that given its stated intent to deliver on the promise of seamless services. These concepts often work against one another in the way people describe needing to deliver on the focused aims of the Fund, whilst being part of a whole-system, whole-sector transformation.

Initial CMOC evidencing the dyad:

The availability of the RIF [C] triggered the further development of a Discharge to Recover and Assess scheme [M] which resulted in a fully integrated approach, and a seven-day service, moving away from the previous fragmented service offer [O].

Where you have a disconnection between successful models/projects and scaling up (i.e. an ability to inform and influence which is not taken up) [C] this leads to feelings of frustration among project leaders based on a lack of wider influence [M] which results in them perceiving that they are unable to influence Welsh Government decision-making and scaling up of projects [O].

Dyad: Control | Collaboration

Description:

This pair of ideas is most closely connected to the power dynamics inherent within RIF, and the extent to which sharing power (through co-design, co-production and collaboration) fluxes over time. This is not to imply that this dyad only operates between national and regional partners, but it is to recognise that it also operates within and between regions and the organisations they work with.

Initial CMOC evidencing the dyad:

If community champions (local leadership) are allocated a community budget for co-produced projects [C] this triggers joint community decision making on how the money is spent [M] and results in community empowerment, relationship building and trust [O].

Dyad: Fidelity | Flexibility

Description:

There are obvious tensions throughout the narratives on RIF around the issues of fidelity with the guidance and the design principles at the heart of the Fund (especially around the Models of Care), and the desire of those who are seeking to implement the Fund in practice to have additional levels of flexibility than currently offered, whether in respect of data collection, reporting requirements or other arrangements.

Initial CMOC evidencing the dyad:

If projects are trying to measure impact (monitoring and evaluation) for both funders and local needs [C] this triggers conflict, frustration, and fear of being perceived as lonely voice, between local and WG RIF approaches [M], and leads to an acceptance that the two approaches are needed i.e. quantitative (WG RBA) and qualitative (sometimes innovative) approaches [O].

Some projects find it difficult to get 'hard data' [C] and when requests for that data are triggered from partners [M], this results in data of questionable quality being shared which does not fully demonstrate how projects are delivering outcomes [O].

Dyad: Accountability | Autonomy

Description:

Similar to the previous dyad, there are tensions over the right balance between a proportionate approach to accountability, governance, and the spending of public money, alongside a greater sense of autonomy that is espoused and advocated. Again, these tensions operate at multiple levels, and between multiple partners – from national to regional, from regional to local, and back again.

Initial CMOC evidencing the dyad:

A desire to embed project ideas in a deep, meaningful and sustainable way [C] triggered an acknowledgment that funding was spread too thinly, and hard decisions were required to consolidate and spread local learning [M] which has led to a decision to reduce the number of funded projects [O].

Using multiple sources of evidence to develop an operational intervention [C] led to the development and use of standard operation procedures between teams [M] which resulted in quicker decision-making across the multi-professional team [O].

Dyad: Ownership | Partnership

Description:

There is an ongoing challenge about where ownership for RIF sits, and the extent to which this is truly about a partnership approach, or something different. These issues are in constant tension, and speaks to relationships of trust that (to a greater or lesser extent) exist across the Fund, again within and between regions, and between the regions and national government.

Initial CMOC evidencing the dyad:

When you have an inclusive (all sectors and professions) Community of Practice as a one-stop-shop [C] this triggers opportunities to showcase projects, sharing information and differing perspectives [M] resulting in networking inside and outside of the CoP, keeping up to date and developing a common narrative [O].

Pooling budgets using RIF funding [C] triggers transparency about data and confidence about the process [M] leading to 'no disputes about funding' [O].

When there is a constraint on the availability of money [C], this triggers monitoring activity between partners and regular conversations about funding [M], which may lead to disputes between agencies with the local authority ultimately having to pay the bill [O].

Dyad: Structure | Agency

Description:

More generally, this final dyad recognises the nature of government time-limited funding like RIF and that it inherently sits within a certain paradigm. It recognises the challenge and tension within RIF of using agency to undertake dynamic forms of transformation, within the context of pre-existing organisational structures. This is compounded when the agency or transformation is trying to change the nature of the structures that is operating within.

Initial CMOC evidencing the dyad:

If RIF is received in a locality where integrated care has been established for many years [C] this triggers a willingness to expand networks and integrated posts [M] leading to an exploration of the optimum model of integrated care [O].

Alignment | Aspiration

4.13   We defined the 'alignment | aspiration' dyad as follows: "This speaks to the nature of a Fund whose very purpose is to be aligned with and facilitate the implementation of policy objectives, but which has far loftier ambitions than just that given its stated intent to deliver on the promise of seamless services. These concepts often work against one another in the way people describe needing to deliver on the focused aims of the Fund, whilst being part of a whole-system, whole-sector transformation".

4.14   The initial CMOCs that have been developed reflect ways in which the tensions around this dyad contribute to the overall aims and objectives of RIF:

The availability of the RIF [C] triggered the further development of a Discharge to Recover and Assess scheme [M] which resulted in a fully integrated approach, and a seven-day service, moving away from the previous fragmented service offer [O].

Where you have a disconnection between successful models/projects and scaling up (i.e. an ability to inform and influence which is not taken up) [C] this leads to feelings of frustration among project leaders based on a lack of wider influence [M] which results in them perceiving that they are unable to influence Welsh Government decision-making and scaling up of projects [O].

4.15   The first CMOC recognises that the additional resource within RIF has enabled things to happen that move away from the 'usual' service, characterised by fragmentation. This talks to the aspirational nature of RIF and – in the specific example of D2RA services – provides evidence of the positive influence of RIF and of a good balance between this pair of concepts.

4.16   The second CMOC reflects an overall sense of frustration felt by project leaders at not being able to influence change in the positive way that was intended. The source of this frustration is that – despite having a good evidence base – participants noted a disconnect between their aspirations for the future and the current reality. For a range of reasons (as outlined in Chapter 3), this disconnect exists, and whilst it ensures alignment with the Fund's aims, it has yet to fully achieve the transformational aspirations for seamless health and care services that RIF sets out.

4.17 Generally, and reflecting on the nature of the evidence as presented in Chapter 3, there does appear to be a relatively balanced position between these ideas of alignment and aspiration.

4.18 Respondents recognised and respected that there is a need to be aligned with both national and regional requirements of the Fund, but the majority of participants were very passionate about wanting things to be different and were motivated by their aspirations for a transformed system.

Control | Collaboration

4.19 This pair of ideas is: "most closely connected to the power dynamics inherent within RIF, and the extent to which sharing power (through co-design, co-production and collaboration) fluxes over time. This is not to imply that this dyad only operates between national and regional partners, but it is to recognise that it also operates within and between regions and the organisations they work with."

4.20 There was one initial CMOC that related to the tension between control and collaboration, synthesised from the perspective of participants working in community settings:

> If community champions (local leadership) are allocated a community budget for co-produced projects [C] then this triggers joint community decision making on how the money is spent [M] and results in community empowerment, relationship building and trust [O].

4.21 This CMOC identified very positively the influence of RIF funding, and its role in enabling collaboration through the 'community champions' with places and localities. Implied in the CMOC is a sense of participants' noting a sense of being 'empowered' to work alongside their communities, creating a positive outcome of deeper and more trusting relationships.

4.22 In addition, and reflecting more generally on some of the changes in approach to the way RIF is being run as outlined in Chapter 2, there is an overall sense of relationship building and trust between partners, especially between Welsh Government and the RPBs. There are – and always will be – challenges around getting the right balance between 'control' and 'collaboration', and it would appear that things are moving towards a collaborative way of working.

4.23   However, this is not a sense felt universally, and a number of participants alluded to the fact that there perhaps is a need for a little more control in certain aspects of RIF's work – the clarity of purpose and attendance at the Communities of Practice being one such example where greater control would be welcomed. This suggestion points to the various ways in which forms of 'control' can be understood and practised.

Fidelity | Flexibility

4.24   We described the 'fidelity | flexibility' dyad as follows: "There are obvious tensions throughout the narratives on RIF around the issues of fidelity with the guidance and the design principles at the heart of the Fund (especially around the Models of Care), and the desire of those who are seeking to implement the Fund in practice to have additional levels of flexibility than currently offered, whether in respect of data collection, reporting requirements or other arrangements".

4.25   The two initial CMOCs below draw on some of the challenges that have been experienced by projects, in this instance within the context of data and reporting:

If projects are trying to measure impact (monitoring and evaluation) for both funders and local needs [C] this triggers conflict, frustration, and fear of being perceived as lonely voice, between local and WG RIF approaches [M], and leads to an acceptance that the two approaches are needed i.e. quantitative (WG RBA) and qualitative (sometimes innovative) approaches [O].

Some projects find it difficult to get 'hard data' [C] and when requests for that data are triggered from partners [M], this results in data of questionable quality being shared which does not fully demonstrate how projects are delivering outcomes [O].

4.26   The CMOCs focus on issues concerning fidelity with the Fund's requirements and express these relatively negatively. These are good examples of the tensions as depicted in this dyad. In the first CMOC there is a call for greater flexibility to reflect the 'innovative' qualitative approaches that appear frustrated by the (negatively perceived) quantitative way of working and reporting nationally. These configurations reflect a strand of thinking with our evidence base but need to be seen in the light of the other dyads, and the broader trends as discussed below.

4.27　　The second CMOC notes the tension implied when there is a request for flexibility in data reporting as perceived by some project leads, which could result in a better data 'product' being delivered.

4.28　　As noted in Chapters 2 and 3, there is a growing sense of trust developing between regional and national partners across RIF. This is the context within which these CMOCs need to be seen. Changes to reporting requirements have been made by the Welsh Government with some regions. The approach to internal reporting varies between regions, which in part may explain the content of the CMOCs. This exists alongside the perceptions of project leads as to the flexibility (or otherwise) of reporting mechanisms.

4.29　　The overall sense from Year 2 evaluation participants is that there is movement from a situation where there has been a real emphasis on fidelity, to one of greater flexibility – not just in respect of reporting requirements, but in how the funds can be spent. This is one of the positive aspects of RIF as identified by participants and as summarised in Chapter 3 – see Paragraph 3.12 for example.

4.30　　On the whole therefore, there appears to be a positive balance being struck within this dyad. There are very few respondents identifying that RIF is more flexible than it should be, nor that there is an undue focus on programme fidelity. The area of outlying challenge lies in respect of the evidence from participants around their awareness of the emergent Models of Care, and the extent to which their local data is feeding those developments.

Accountability | Autonomy

4.31　　Similar to the previous dyad, in our description of this pair of concepts, we recognised that: "there are tensions over the right balance between a proportionate approach to accountability, governance, and the spending of public money, alongside a greater sense of autonomy that is espoused and advocated. Again, these tensions operate at multiple levels, and between multiple partners – from national to regional, from regional to local, and back again".

4.32　　Building on the tensions identified in the description above, two initial CMOCs have been generated, one of which focuses more on the 'accountability' side of the dyad, and one more on the issues around 'autonomy':

A desire to embed project ideas in a deep, meaningful and sustainable way [C] triggered an acknowledgment that funding was spread too thinly, and hard

decisions were required to consolidate and spread local learning [M] which has led to a decision to reduce the number of funded projects [O].

Using multiple sources of evidence to develop an operational intervention [C] led to the development and use of standard operation procedures between teams [M] which resulted in quicker decision-making across the multi-professional team [O].

4.33   Ensuring the right balance between these two concepts is perhaps one of the most difficult to achieve. As acknowledged in the first CMOC, there is a real challenge (and unintended consequence) in the desire to give greater autonomy to projects and regions. It can – as evidenced by this CMOC – lead to decisions that mean that projects come to an end.

4.34   The second CMOC highlights a more positive aspect of the tension between these concepts. It demonstrates the way – at the project level – that greater autonomy for teams can lead to better outcomes in their working relationships. This CMOC provides evidence of a good balance between accountability and autonomy.

4.35   Across RIF more generally, the balance between these concepts is a 'live' issue. The five-year funding associated with RIF is at the heart of this debate, with a number of participants identifying the autonomy offered by funding over such a long period of time is a key success factor for RIF. However, concerns over accountability have caused some regions to be more conservative in their approach to funding, and certain partners (particularly in the third sector as opposed to the public sector) have reported that they are still receiving year-on-year funding settlements which curtails their ability to offer extended work contracts and to plan strategically.

4.36   There is an acceptance that the RIF Guidance (Welsh Government, 2022) does not compel RPBs to offer the finance to all partners for the full period of funding. Further, there are issues with some parts of Wales not able to account for their activity in the way that was intended by Welsh Government which leads to tensions between accountability and autonomy.

Ownership | Partnership

4.37   We described the tension between ownership and partnership as follows: "There is an ongoing challenge about where ownership for RIF sits, and the extent to which this is truly about a partnership approach, or something different. These issues are

in constant tension, and speaks to relationships of trust that (to a greater or lesser extent) exist across the Fund, again within and between regions, and between the regions and national government."

4.38   Our analysis has identified three CMOCs that represent the issues at the heart of this dyad:

> When you have an inclusive (all sectors and professions) Community of Practice as a one-stop-shop [C] this triggers opportunities to showcase projects, sharing information and differing perspectives [M] resulting in networking inside and outside of the CoP, keeping up to date and developing a common narrative [O].

> Pooling budgets using RIF funding [C] triggers transparency about data and confidence about the process [M] leading to 'no disputes about funding' [O].

> When there is a constraint on the availability of money [C], this triggers monitoring activity between partners and regular conversations about funding [M], which may lead to disputes between agencies with the local authority ultimately having to pay the bill [O].

4.39   The first CMOC describes a very positive balance between the competing forces of ownership and partnership. There is an acknowledged drive within RIF around sharing knowledge and building new insights and understanding, and this CMOC suggests there is a good balance between ownership and partnership.

4.40   The other two statements speak to a different aspect within this dyad – concerning ownership/partnership over the funding. The second CMOC reflects very positively that through RIF the use of a pooled budget has enabled a true sense of partnership to be developed, and is being valued. The third CMOC however echoes debates in the previous dyad (about the tensions between accountability and autonomy) in that it points out that increasing pressure on budgets leads to more competitive behaviours between regional partners, with the balance being tipped in the favour of the concept of ownership at the expense of partnership.

4.41   As with the previous dyad, there are suggestions of a move towards balancing the tensions between ownership and partnership. However, there are concerns that this is not an equal balance just yet, and as pressure on budgets increase, the issues around ownership as opposed to partnership may become more prevalent.

4.42   More generally perhaps, this final dyad recognises the nature of government time-limited funding like RIF and that it inherently sits within a certain paradigm. As we suggested: "It recognises the challenge and tension within RIF of using agency to undertake dynamic forms of transformation, within the context of pre-existing organisational structures. This is compounded when the agency or transformation is actively trying to change the nature of the structures that is operating within."

4.43   One CMOC has been identified which speaks to the tensions within this dyad:

    If the RIF is received in a locality where integrated care has been established for many years [C] this triggers a willingness to expand networks and integrated posts [M] leading to an exploration of the optimum model of integrated care [O].

4.44   The key success criteria as identified in this CMOC is time – time to have established a set of expectations around the balance between structure and agency, to have developed a maturity in working relationships. Where RIF projects have been located within teams who are well established, integrated working is able to start from a different place which means there is a much better chance of being able to embed an optimised model of multi-professional working.

4.45   This dyad taps into issues that are probably beyond the gift of RIF to influence. The tension between these concepts is founded on the fact that RIF is set within a dynamic and ever-changing policy and operational context, but is not concerned with structural or organisational change *per se*. That said, RIF harbours an aspiration for people to work as change agents to bring about transformation across health and social care resulting in seamless services through the adoption of new forms of practice. RIF does not prescribe the nature of new forms of governance, new organisational forms, or new types of workers. This is a work in progress, although the incremental development of national Models of Care may provide some solutions to the tension within this dyad in the fullness of time.

Assessing and interpreting the implementation experience

4.46   Why does this detailed consideration of these concepts and the relative balance between them, matter? Our argument is that in understanding the dynamic contexts (Patton, 2018), some of the inherent tensions in the narratives around RIF, and where the balance sits between these concepts, it allows us to understand what works, where, and under which circumstances, and therefore how RIF is able to

achieve its aims. It also offers us opportunities for shaping our evaluation work programme to further explore how these dyads are operating, and what impact they are having for the outcome of RIF.

4.47   So what does the evidence presented above mean for the mapping of the balance between the concepts within RIF? Figure 5.3 (overleaf) provides our current assessment of where the balance currently sits across the six dyads. Figure 5.3 is entitled the 'implications of implementation', by which we mean that we have identified the implications from the evidence we have gathered for the six pairs of concepts. Below, we provide a summary of each, based on the evidence summarised in this report – whether from Chapter 2 on the changing context, Chapter 3 from participants, or from this chapter drawing on the CMOCs above.

4.48   Therefore, based on our evidence, currently for:

- Alignment | Aspiration – these concepts are being balanced well.

- Control | Collaboration – these concepts are not in balance, but there is only slightly more of an emphasis on collaboration than on control.

- Fidelity | Flexibility – these concepts are being balanced well.

- Accountability | Autonomy – these concepts are not in balance, but there is only slightly more of an emphasis on accountability than on autonomy.

- Ownership | Partnership – these concepts are not in balance, but there is only slightly more of an emphasis on ownership than on partnership; and

- Structure | Agency – these concepts are not in balance, but there is only slightly more of an emphasis on structure than on agency.

4.49   Overall, there are grounds for optimism as seen in the balance of the dyads – this picture is a broadly positive one based on the experience of implementation. Further work from the team will be able to determine whether the dyads in balance (or close to being in balance) allow RIF to deliver the 'desired results' of the programme (Patton, 2018) in our future work.

4.50   It is important though to note that these are 'dynamic contexts', as Patton would describe them, and the situation and subject to fluctuations and change – in policy terms, strategic terms and operational terms.

Figure 5.3: Implications of implementation across the conceptual dyads within RIF – current (January 2025)
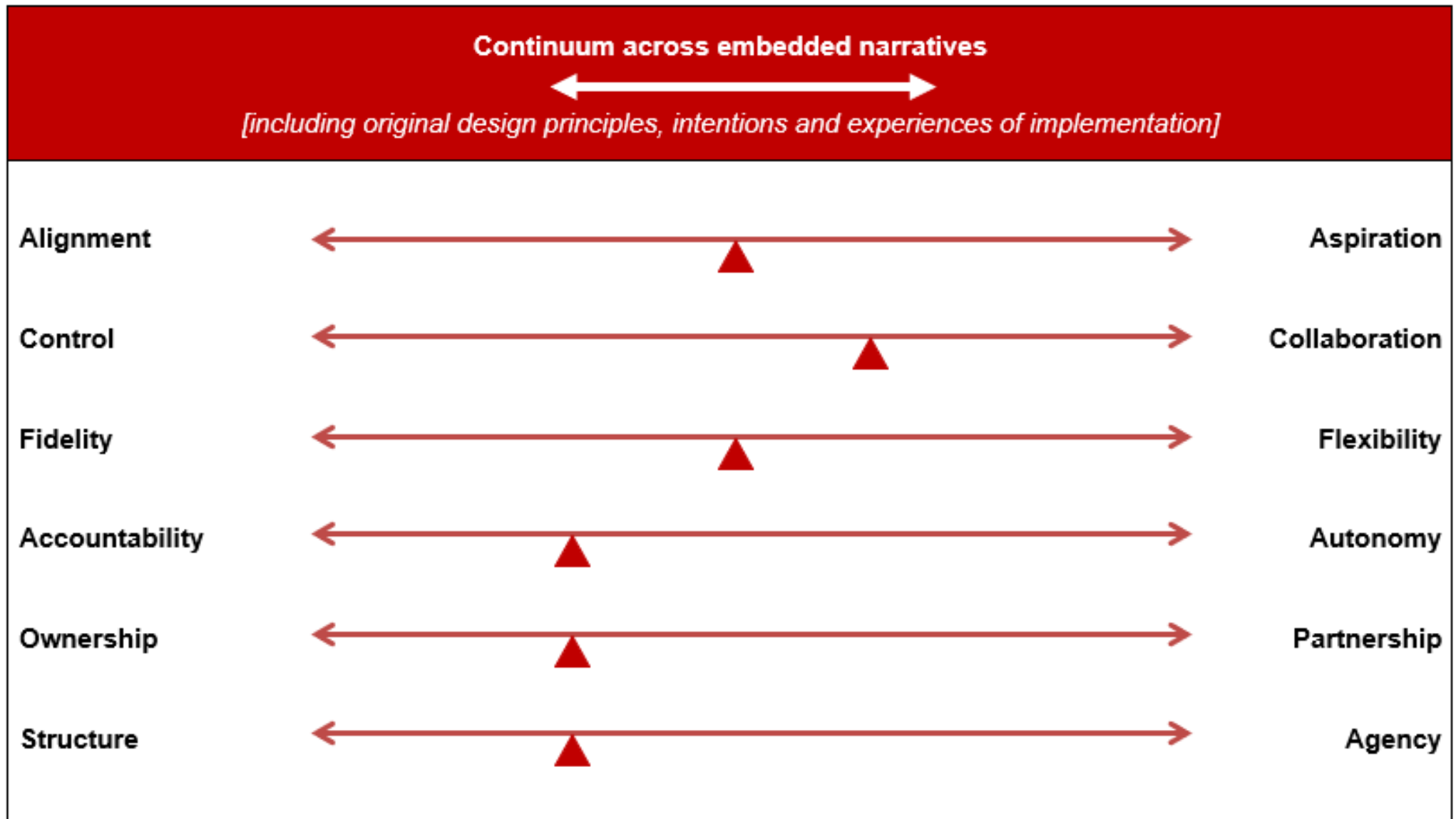
4.51   In addition, these judgements are only drawn from the sources of evidence as described above. These are not yet underpinned by high-quality Wales-wide analogous data, as confidence in this data requires improvement. However, work is in hand to make improvements to the quality of the national core measures.

Conclusion – 'towards an integrated community care system'

4.52   These matters will continue to be explored in some depth as the evaluation of RIF proceeds. There are lessons emerging here about the process of moving from the 'theory' of RIF as a series of ideas, principles and ways of running a fund, to the experienced reality and practice that has been operational since 2022.

4.53   As we conclude this stage of our work, it is important to recognise the context within which it is being undertaken. As described in Chapter 2, the Welsh Government has been developing policy around the 'Integrated Community Care System' (ICCS). Four of the conclusions in the most recent report (Welsh Government, 2024: 58) are a helpful backdrop for this Year 2 report. These four priorities (of the seven identified) are particularly commensurate with our work:

2. Promoting best practice and successful projects with Regional Partnership Boards and scaling up successful projects to other RPB areas.

3. Improving the level of qualitative data being reported and bringing together the 'story of change' though person centred engagement for the lifetime of the project.

4. Improving the data capture of 20 quantitative performance measures to allow for a more consistent understanding of impact for individuals and the system as a whole.

5. Sharing best practice and learning through Communities of Practice to further develop national specifications for our Models of Care and some of the key component parts

4.54   We trust that this report has contributed to all four of these priorities. We will ensure that our evaluation work, as it proceeds, takes further account of them as we move towards an understanding of the impact that RIF has made in respect of its 'desired results' (Patton, 2018).

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